

Driver Application

Date _____

Prewitt and Son Trucking Company, LLC
P.O. Box 68
Shepherdsville, KY. 40165
(502)955-1666 – Phone
(502) 543-8849 - Fax

Position applied for _____ PHONE # _____

Name _____ Social Security #. _____
Last First MI

Address _____
Street city state zip

Dates at present address _____

Previous address if you lived at the above address for less than three years

Address _____
Street city state zip

Dates at previous address (must account for the last three years) _____

Date of Birth _____

How many years have you driven a tractor trailer? _____ straight truck?
_____ Buses? _____ Semi trailers? _____ Pole trailers? _____

How many years have you driven over the road? _____

How many states have you driven a commercial vehicle in?

Has your license ever been suspended, revoked or denied? _____
date _____ Details of suspension _____

Have you ever been convicted of a Felony? _____.

How did you hear about us? _____

EMPLOYMENT HISTORY

List below all your employers for the preceding three years regardless of what you were doing. All time must be accounted for with no gaps. You must also provide a list of all employers beyond the three years for which you drove a commercial vehicle. This list must cover the time from three to ten years back or an additional seven years to the last three years. (Note: List employers in reverse order starting with the most recent).

| EMPLOYER | DATES | POSITION HELD |
|-----------------|----------------|--------------------------|
| NAME _____ | FROM _____ | _____ |
| ADDRESS _____ | MO. ___ YR ___ | REASON FOR LEAVING _____ |
| CITY _____ | TO _____ | _____ |
| PHONE NO. _____ | MO. ___ YR ___ | |

WERE YOU SUBJECT TO U.S. DEPARTMENT OF TRANSPORTATION'S ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AT THIS JOB? _____.

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS JOB? _____.

| EMPLOYER | DATES | POSITION HELD |
|-----------------|----------------|--------------------------|
| NAME _____ | FROM _____ | _____ |
| ADDRESS _____ | MO. ___ YR ___ | REASON FOR LEAVING _____ |
| CITY _____ | TO _____ | _____ |
| PHONE NO. _____ | MO. ___ YR ___ | |

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| NAME _____ | FROM _____ | _____ |
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WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS JOB? _____.

MORE SPACE PROVIDED ON NEXT PAGE

EMPLOYER NAME _____ DATES FROM _____ POSITION HELD _____
 ADDRESS _____ MO. ___ YR ___ REASON FOR LEAVING _____
 CITY _____ TO _____
 PHONE NO. _____ MO. ___ YR _____

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 CITY _____ TO _____
 PHONE NO. _____ MO. ___ YR _____

WERE YOU SUBJECT TO U.S. DEPARTMENT OF TRANSPORTATION'S ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AT THIS JOB? _____.

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AT THIS JOB? _____.

ACCIDENT RECORD FOR PAST 3 YEARS ANY OCCURRENCE ANY VEHICL TYPE

DATE _____ DETAILS _____ # FATALITIES _____ # INJURIES _____ VEH. TYPE _____
 DATE _____ DETAILS _____ # FATALITIES _____ # INJURIES _____ VEH. TYPE _____
 DATE _____ DETAILS _____ # FATALITIES _____ # INJURIES _____ VEH. TYPE _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING).

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| / | / | / | / |
| / | / | / | / |
| / | / | / | / |
| / | / | / | / |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY) (STATE)

DRIVERS LICENSE INFORMATION

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|----------|-------------|------|-----------------|
| DRIVERS | / | / | / |
| LICENSES | / | / | / |

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on this application may be used, and the applicant’s prior employers may be contacted, for the purpose of investigating the applicant’s safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your employers”

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment

begins or notification of employment is made. You will be provided with the record within (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide the access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer corrected the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, CRIMINAL, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OF PERSONAL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY, AS PERMITTED BY LAW.

DATE

APPLICANT'S SIGNATURE

ALCOHOL AND CONTROLLED SUBSTANCE POLICY RECEIPT

DRIVER'S NAME _____

COMPANY OFFICIAL SIGNATURE _____

This is to certify that I have been provided educational materials that explain the requirements of 382.601 and my employer's policies and procedures with respect to meeting the requirements.

1. The designated person to answer questions about the materials.
2. The categories of drivers subject to part 382.
3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
4. Specific information concerning prohibited driver conduct.
5. Circumstances under which a driver will be tested.
6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
7. The requirement that tests are administered in accordance with part 382.
8. An explanation of what will be considered a refusal to submit to a test and the consequences.
9. The consequences for part 382 Subpart B violations including removal from safety-sensitive functions and 382.605 procedures.
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
11. Information on the effects of alcohol and controlled substances use on: An individual's health, work and personal life. This information also consists of signs and symptoms of a problem and available methods of intervening when a problem is suspected.

My signature indicates I have read and understand the information on the above listed items.

Driver's Signature

Date

PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States codes of Federal Regulations, Section 382.301 Pre-Employment testing requirements apply to driver-applicants of this company.

382.301 Pre-Employment testing requirements.

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.

(b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.

(c) Prior to collection of a urine sample under section 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based upon Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer (MRO) will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test to be given to the parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

Your signature below also signifies that you willingly release to MC CONSULTANT SERVICES the results of the above mentioned drug screen, and also any other drug screen that you have done while employed by the company that you have applied to therein.

APPLICANT'S NAME PLEASE PRINT

APPLICANT'S SIGNATURE

DATE

WITNESSED BY:

COMPANY REP. SIGNATURE _____

DATE _____

PRE-EMPLOYMENT CERTIFICATION

Have you, during the past two years, tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules?

YES _____

NO _____

Signature

Date

From; Prewitt And Son Trucking
P.O. Box 68
Shepherdsville, Ky 40165

Fax # (502) 543-8849

To: _____ Date _____

_____ Social Security # _____
Is attempting to qualify as a driver under DOT Regulations and states that he/she was employed by you as a
_____ from _____ to _____

Federal Motor Carrier Safety Regulations Require The Following Information:

Will you kindly reply to the inquiries below? Your reply will be held in strict confidence. A self-address envelope is enclosed for your convenience or please fax to the number above.

1. Are dates for employment with your company correct as stated above? Yes _____ No _____
If not, please provide correct dates. _____
2. Please describe type of work: Single driver operation _____ Team Operation _____
Long Haul _____ Short Haul _____ Local _____ Other _____
3. What type of tractor? Diesel tandem _____ Other _____
4. What type of trailer? Flat _____ Van _____ Drop _____ Reefer _____ Other _____
5. What type of cargo? _____
6. Please describe accident experience with dates and details _____

7. Please describe cargo damage experience. _____
8. Any compensation for personal injuries? _____
9. License State _____ License No. _____ Class _____ Endorsements _____ Exp date _____
10. Was driver's license suspended or revoked while in your employ? Yes _____ No _____
11. Per Federal Motor Carrier Safety Regulations part 40.25(b) the following information is required:
 - A. Has this person had an alcohol concentration of 0.04 or greater within the last two years? Yes _____ No _____
 - B. Has this person had a verified positive drug test within the last two years? Yes _____ No _____
 - C. Has this person refused a drug or alcohol test within the last two years? Yes _____ No _____
 - D. Any other violations of DOT agency drug and alcohol testing regulations? Yes _____ No _____
 - E. With respect to any violations of DOT agency drug and alcohol regulations do you have?
documentation of the employee's successful completion of return to duty requirements? Yes _____ No _____
12. Reason for leaving your employ: Laid off _____ Resigned _____ Discharged _____ Other _____
13. Were trips DOT regulated? Yes _____ No _____
14. Were daily logs prepared? Yes _____ No _____
15. Would he/she be eligible for rehire? Yes _____ No _____
16. Where was he/she employed before coming to you? _____
17. Any general comments about his/her performance? _____

Date _____ By _____
(Name and signature and title of person giving information)

I hereby authorize you to release the requested information to _____ for
(prospective employer)

purposes of investigation as required b section 40.25(b) and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing this or any other information.

(Date)

(Applicant signature)

APPLICANT -- SIGN ONLY

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with Prewitt And Son Trucking ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Prewitt And Son ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.